|   |  |   |  |                       |                       |                  |       | Application or Docket Number |                        |             |                               |                        |     |
|---|--|---|--|-----------------------|-----------------------|------------------|-------|------------------------------|------------------------|-------------|-------------------------------|------------------------|-----|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  |  |   |  |                       |                       |                  |       |                              |                        |             |                               | 1                      |     |
|   |  | CLAIMS AS                                 | S FILED - PART I (Column 1) (Column 2) |                       |                       | mn 2)            |       | SMALL ENTITY TYPE            |                        |             | OTHER THAN<br>OR SMALL ENTITY |                        |     |
| TOTAL CLAIMS .  |  |   |  |                       |                       |                  |       | RATE                         | FEE                    | ]           | RATE                          | FEE                    |     |
| FOR   |  |   | NUMBER FILED NUMBE                     |                       |                       | ER EXTRA         |       | BASIC FE                     | € 370.00               | OR          | BASIC FEE                     | 740.00                 |     |
| TOTAL CHARGEABLE CLAIMS   |  |   | 1-3 min                                | us 20=                | •                     |                  |       | X\$ 9=                       |                        | OR          | X\$18=                        |                        |     |
| INDEPENDENT CLAIMS  |  |   | minus 3 = *                            |                       |                       |                  |       | X42=                         |                        | OR          | X84=                          |                        |     |
| MULT  | TIPLE DEPEN                                    | DENT CLAIM PI                             | RESENT                                 |                       |                       |                  |       | +140=                        |                        | OR          | +280=                         |                        |     |
| * If th   | ne difference                                  | in column 1 is                            | less than zero, enter "0" in column 2  |                       |                       |                  |       | TOTAL                        |                        | OR          | TOTAL                         |                        |     |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 2)   |  |   |  |                       |                       | (Column 3)       |       | SMALI                        | ENTITY                 | OR          | OTHER                         |                        |     |
| <b>∀</b>  |  | CLAIMS<br>REMAINING                       |  | HIGH                  | IEST                  | PRESENT          |       |                              | ADDI-                  |             |                               | ADDI-                  |     |
| AMENDMENT A   |  | AFTER AMENDMENT                           |  | PREVI                 | OUSLY                 | EXTRA            |       | RATE                         | TIONAL<br>FEE          |             | RATE                          | TIONAL<br>FEE          | 2   |
| NON T   | <b>Total</b>                                   | . 35                                      | Minus                                  | ** 0                  | 20                    | = 15             |       | X\$ 9=                       |                        | OR          | X\$18=                        | 270.                   | 11. |
| AME !   | ndependent                                     | • 5                                       | Minus                                  | *** (                 | 5                     | - 2              |       | X42=                         |                        | OR          | X84=                          | 172.                   |     |
|   | FIRST PRESE                                    | NTATION OF MI                             | ULTIPLE DEF                            | ENDEN                 | I CLAIM               |                  |       | +140=                        |                        | OR          | +280=                         |                        |     |
|   |  | •   |  |                       |                       |                  |       | TOTA                         |                        |             | TOTAL                         |                        |     |
| 9-  | 24-04 (Column 1) (Column 2) (Column 3)         |   |  |                       |                       |                  |       | ADDIT. FE                    | E <b></b>              | 10ù         | ADDIT. FEE                    |                        | ŀ   |
|   |  | CLAIMS REMAINING AFTER AMENDMENT          |  | HIGH                  | HEST                  | PRESENT<br>EXTRA |       | <u> </u>                     | ADDI-                  |             |                               | ADDI-                  | ł   |
| ENT B   |  |   |  | PREVI                 | ABER<br>OUSLY<br>FOR  |                  |       | RATE                         | TIONAL<br>FEE          |             | RATE                          | TIONAL<br>FEE          |     |
| AMENDMENT   | Total  | · 20                                      | Minus                                  | **                    | 35                    | =                |       | X\$ 9=                       |                        | OR          | X\$18=                        |                        |     |
| A F   | ndependent                                     | <u>· 3</u>                                | Minus                                  | ***                   | 5_                    | =                |       | X42=                         |                        | OR          | X84=                          |                        |     |
| ئلنا  | IRST PRESE                                     | NTATION OF M                              | ULTIPLE DEF                            | TIPLE DEPENDENT CLAIM |                       |                  | ŀ     | +140=                        |                        | 1           | +280=                         |                        | ĺ   |
|   |  |   | ٠                                      |                       |                       | •                |       | TOTA                         | ·                      | OR          | TOTAL                         |                        | ł   |
|   |  |   |  |                       |                       |                  |       | ADDIT. FE                    |                        | OR          | ADDIT. FEE                    |                        | ł   |
| Б   | १९१ <b>१</b> ५५५ स्टब्स्                       | (Column 1)                                | No. of the Sale                        |                       | ımn 2)<br>HEST        | (Column 3)       | 1 .   |                              |                        |             |                               |                        | 1   |
| AMENDMENT C   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUM<br>PREVI          | MBER<br>HOUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE                         | ADDI-<br>TIONAL<br>FEE |             | RATE                          | ADDI-<br>TIONAL<br>FEE |     |
| N I   | Total  | · 14                                      | Minus                                  | <b></b> 3             | 5                     | = .              | 1     | X\$ 9=                       |                        | OB.         | X\$18=                        | 1-1-1-                 | 1   |
| ME  | Independent                                    | . 2                                       | Minus                                  | , that 4              | 5                     | =                |       | X42=                         | $+ \rightarrow$        | <b>!</b> -` | X84=                          | ļ                      | 1   |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                       |                       |                  |       | 745-                         |                        | OR          | 1000                          | <del></del>            | ┨   |
|   | the material articles                          |   |  | &'*                   | - <b>502</b> !        |                  |       | +140=                        | <u>.l</u>              | OR          | +280=                         |                        |     |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." |  |   |  |                       |                       |                  |       |                              | L<br>E                 | OR          | TOTAL<br>ADDIT. FEE           |                        | ]   |
|   |  | imber Previously Pa<br>nber Previously Pa |  |                       |                       |                  | er fo | und in the a                 | sppropriate bo         | ox in co    | ilumn 1.                      |                        |     |